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HEALTH PROFILE: NEPAL

HIV/AIDS

Estimated Number of Adults Living with HIV/AIDS (end 2003)	61,000 (low-high estimates 29,000–102,350)
Adult HIV Prevalence (15–40-year-olds, end 2003)	0.52%
Total Population (2004)	24 million
HIV-1 Seroprevalence among Populations at High Risk	
Female sex workers	2–3%
Injecting drug users:	
Kathmandu Valley	68%
Pokhara	22%
Eastern Terai	35%
Male migrants: Doti District	10%

Source: UNAIDS; National Centre for AIDS and STD Control, Ministry of Health, HMG Nepal, March 2004

The Joint United Nations Programme on HIV/AIDS (UNAIDS) considers that Nepal has a concentrated HIV/AIDS epidemic, with an estimated 61,000 persons living with HIV/AIDS and about 14 new HIV infections each day. It has been estimated that, if prevalence continues to increase at the current rate, AIDS could be the major cause of death in Nepal by 2010. HIV is spreading particularly fast among 15–39-year-olds, and AIDS is now the major cause of death within that age group, with prevalence expected to reach 2% by 2015. HIV/AIDS is increasingly straining Nepal's public health system. UNAIDS predicts that, without effective treatment and care programs, AIDS will soon claim the lives of between 10,000 and 15,000 Nepalese per year. But new models for projecting estimated prevalence rates based on Asian epidemic patterns will be tested in Nepal that may demonstrate a different progression of the epidemic.

The first person with HIV/AIDS was reported in 1988. By March 2005, the Government of Nepal reported 4,861 people living with the infection (including 1,316 women) and 241 people who had died of AIDS. New cases reported during March 2005 totaled 106. The most recent figures indicate a prevalence rate of 0.52% among the general population. Experts believe actual figures are much higher, however, with government data representing only passive case reporting. Those most at risk include injecting drug users and female sex workers, along with their sexual partners and clients, and migrant workers. One in four HIV cases is female. Injecting drug use remains the primary mode of transmission. According to a joint report by UNAIDS, the United Nations Children's Fund (UNICEF), and the United States Agency for International Development (USAID), more than 13,000 children have been orphaned by AIDS.

The primary factors involved in the rapid spread of HIV include high rates of male migration, prostitution, poverty, injecting drug use, and gender inequality, along with low levels of education and literacy and widespread discrimination. Nepal remains one of the poorest countries in the world, with more than 30% of its population living below the poverty line, which has resulted in a high rate of migration for work opportunities, often to India. This high rate of mobility makes international collaboration and information-sharing essential in HIV prevention efforts. Seasonal labor migrants (mostly to India) contribute about 41% of the total HIV case estimate of Nepal. The trafficking of young girls and women is considered to be another contributing factor, but reliable data are not available.

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Since 1991, USAID and its partners have helped Nepal reduce fertility by 20% and child mortality by 40% by increasing access to family planning and child health services.

Injecting drug users represent another at-risk population in the country and are estimated to contribute 14% of the total of all HIV infections in Nepal, as well as a high-risk "bridge" to infection within the general population. A high level of social stigma exacerbates all these risks, with both at-risk and infected populations reluctant to seek HIV counseling and care.

With limited work opportunities in Nepal, and the resulting high rate of under- and unemployment, the Nepalese government has established relations with neighboring countries allowing for cross-border or migrant work opportunities for its citizens.

As a result, many Nepalese migrate to India, particularly young people. Most of these migrants are young men with a low level of awareness about risky behaviors and disease transmission. A study conducted in Doti District of Western Nepal in 2001 demonstrated prevalence rates of 10% among returnees from Mumbai. The disease is spread in Nepal when migrants return to their wives and other sexual partners, who are often unaware of risks and unable to negotiate safe sex because of women's low social status. The ongoing Maoist insurgency and resulting conflict in Nepal have created large numbers of internally displaced people as well as economic and social instability, which may also contribute to the spread of HIV/AIDS.

NATIONAL RESPONSE

Nepal's National Centre for AIDS and STD Control is charged with implementing Nepal's AIDS strategy for 2002–2006, which focuses on achieving better HIV prevention, treatment, care, and support for at-risk populations, as well as counseling and testing, to stem the spread of HIV into the general population and to reduce transmission in most-at-risk populations. The main objectives of the program related to HIV/AIDS include:

- Prevention of HIV and sexually transmitted infections (STIs) among at-risk populations and new infections among youth
- Provision of treatment, care, and support services for all those infected and affected by HIV/AIDS
- Expansion of monitoring and evaluation activities based on surveillance-based evidence
- Establishment of an effective and efficient management system for an expanded response

Government HIV/AIDS interventions are limited, with only a small percentage of the national health budget earmarked for HIV/AIDS efforts. Therefore, HIV/AIDS support in Nepal is largely dependent on bilateral and multilateral support.

Since 1988, the HIV/AIDS response in Nepal has largely focused on prevention and awareness. Less attention has been given to the treatment, care, and support of persons living with HIV/AIDS. According to UNAIDS, by the end of 2003, an estimated 4,000 adults (ages 15–49) in Nepal needed antiretroviral therapy, but as of June 2004, only 77 were receiving it. HIV/AIDS coordination committees have been set up in about 60 districts to support those infected with HIV/AIDS, but funding is minimal, and many committees are not active. Even with funding from outside sources, delivery of HIV treatment in Nepal is difficult. Impediments include a lack of resources, weak infrastructure at health posts and government hospitals, and the small number of health professionals capable of managing patient diagnosis, care, and treatment (including toxicity, side effects, and drug adherence), as well as proper blood screening, surveillance, and diagnostic testing.

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Previously unaffordable antiretroviral drugs are now available in Kathmandu, and Sukraraj Tropical and Infectious Disease Hospital in Kathmandu is one of the few hospitals in Nepal offering free HIV treatment. Patient evaluations indicate that most recipients are from needy populations, often from remote districts in the Far-Western region of Nepal. Through the support of private national and international charities, some smaller nongovernmental organizations (NGOs), such as Maiti Nepal, have also been able to provide HIV/AIDS patients with antiretroviral drugs, medical support, and home-based care.

The World Health Organization recommends that Nepal be included as a priority country for increased access to antiretroviral drugs. A proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was approved in 2003, but, because of weak management capacity in Nepal, few activities have begun. In early 2005, the Government of Nepal signed an agreement with the United Nations allowing it to manage the GFATM funds for an interim two-year period, giving more time for Nepal to establish an operational management unit with public and private sector as well as civil society oversight. The British Department for International Development and the World Bank have dedicated significant funds to HIV/AIDS programs in Nepal, but, without a suitable management structure in place, funding levels remain modest. Australian AID has provided funding for programs aimed at reducing transmission among injecting drug users.

USAID SUPPORT

USAID, Nepal's first bilateral donor, began initial support in 1951 and is now the lead donor for family planning and HIV/AIDS programs. USAID works with a number of international and other bilateral donors on reproductive and neonatal health. Since 1991, USAID and its partners have helped Nepal reduce fertility by 20% and child mortality by 40% by increasing access to family planning and child health services. Half of the funding allocated by USAID since 1993 has gone into HIV/AIDS activities. The framework for USAID's current HIV/AIDS support is based on a five-year health and family planning program (2001–2006). USAID activities aim to implement Nepal's long-term goal to continue to reduce fertility and child mortality and to protect the health of Nepalese families. Programs related to HIV/AIDS aim to expand a prevention, treatment, care, and support program under Nepal's national program in collaboration with other donors. USAID also supports treatment of STIs among most-at-risk populations, behavior change communications, surveillance, monitoring, and evaluation.

Most USAID/Nepal support is channeled through Family Health International (FHI), Population Services International (PSI), The Futures Group/POLICY Project, and UNICEF, which, in turn, support about 50 small NGOs and community-based organizations around the country.

Reducing stigma and discrimination

Stigma and discrimination against persons living with HIV/AIDS and members of most-at-risk subpopulations remains strong. USAID promotes the principles of greater involvement of people living with HIV/AIDS in all its activities. USAID aims to create an enabling environment for HIV/AIDS programs by facilitating and monitoring policy dialog, and by developing, advocating, and building partnerships with civil society. In 2004, The POLICY Project conducted an audit of all legislation related to HIV/AIDS and the protection of rights of vulnerable subpopulations. Nepal scored a low 40 points out of 100 on the policy environment scale. Based on the audit, USAID, through The POLICY Project and in extensive consultation with civil society groups, government bodies, people living with HIV/AIDS, and vulnerable subpopulations, drafted an HIV/AIDS bill protecting human rights and establishing an effective management structure for HIV/AIDS programs. The bill is expected to move through the legislative system in 2005.

Behavior change interventions

With the epidemic in Nepal concentrated among most-at-risk populations, USAID's focal populations include female sex workers and their clients, transport workers, male migrants, injecting drug users, uniformed services, and men who have sex with men. Through USAID support, PSI/Nepal and FHI/Nepal deliver counseling and clinical services and products, including condom social marketing and behavior change communications and skills to low-income and vulnerable populations.

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Surveillance

Since 1997, USAID, through FHI, has supported the national sentinel surveillance system at six STI clinics across the country. At these sites, USAID has upgraded and strengthened laboratory and diagnostic services with ongoing quality assurance. In addition, USAID supports a "second-generation" surveillance system, conducting regular population-based seroprevalence and behavior studies among populations most at risk.

HIV counseling and testing linked to care and support

There are 18 USAID-supported HIV counseling and testing sites specially focused on populations most-at-risk. USAID is expanding counseling and testing services to a comprehensive package of care and support at the community level.

Sexually transmitted infections

USAID supports STI services through NGO clinics and mobile settings in locations where most-at-risk populations can access them. In addition, socially marketed prepackaged STI therapy for male urethral discharge is available through the PSI Sun Quality Health Network to increase access for these services. These focused approaches have contributed to reduced STI prevalence. The active syphilis rate, a significant correlate of the risk for HIV transmission, had dropped to 9.5% in 2003 from 18.8% in 1999.

Migration

USAID supports focused interventions in districts in the Far-Western region of the country aimed at raising awareness about HIV transmission and prevention efforts to emphasis abstinence, marital fidelity, and, as appropriate, correct and consistent condom use (the ABC approach) when men migrate to India and are separated from their families. Prevention messages delivered through satellite-based radio programs heard in Nepal and India include how and where to access STI treatment and HIV counseling and testing.

IMPORTANT LINKS AND CONTACTS

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http://www.usaid.gov/np/

USAID HIV/AIDS Website for Nepal http://www.usaid.gov/our_work/global_health/aids/Countries/ane/nepal.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids